

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Georgia
(State)

Case number (if known): Chapter 11

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2024 JUL 31 AM 11:05

VANIA S. ALLER
BY: Richard Smith
DEPUTY CLERK

☐ Check if this is an amended filing

24-57861

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name R and E Health Care, LLC

2. All other names debtor used in the last 8 years
None

Include any assumed names, trade names, and *doing business* as names

3. Debtor's federal Employer Identification Number (EIN) 83-3297423

4. Debtor's address

Principal place of business

1315 Milstead Road NE Suite 101

Number Street

Conyers, GA, 30012

City State ZIP Code

Rockdale

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

Debtor

R and E Health Care, LLC

Name

Case number (if known)

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

0610626 *6216 Home Health Care*

8. Under which chapter of the Bankruptcy Code is the debtor filing?

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

Check one:

- ☐ Chapter 7
☐ Chapter 9
☒ Chapter 11. Check all that apply:

- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

Debtor R and E Health Care, LLC Case number (if known) _____
Name

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____

List all cases. If more than 1, attach a separate list.

MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property?

Number _____ Street _____

City _____ State ZIP Code _____

Is the property insured?

☒ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

Debtor R and E Health Care, LLC
Name

Case number (if known) _____

13. Debtor's estimation of
available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of
creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of
authorized representative of
debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/24/2024

Ella Stephenson, BSN, RN
☒ Ella Stephenson, BSN, RN

Signature of authorized representative of debtor

Ella Stephenson

Printed name

Title Administrator, Director of Nursing

Debtor R and E Health Care, LLC
Name

Case number (if known) _____

18. Signature of attorney

X

Signature of attorney for debtor

Date _____
MM / DD / YYYY

Printed name

Firm name

Number Street

City

State ZIP Code

Contact phone

Email address

Bar number

State

Fill in this information to identify the case:

Debtor name R and E Health Care, LLC

United States Bankruptcy Court for the: Northern District of GA
(State)

Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☒ No. Go to Part 2.
- ☐ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's
interest

2. Cash on hand

\$ 0

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Truist Bank</u>	<u>Checking</u>	<u>5 4 0 7</u>	\$ <u>-199,813.00</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ -199813.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

R and E Health Care, LLC
Name

Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☒ No. Go to Part 4.
☐ Yes. Fill in the information below.

Current value of debtor's
interest**11. Accounts receivable**11a. 90 days old or less: _____ = → \$ _____
face amount doubtful or uncollectible accounts11b. Over 90 days old: _____ = → \$ _____
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 0

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current valueCurrent value of debtor's
interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0

Debtor R and E Health Care, LLC
Name

Case number (if known) _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies Office Furniture	07/24/2024 _____ MM / DD / YYYY	\$ 3600.00	Ebay/Amazon	\$ 3600.00
23. Total of Part 5				\$ 3600.00

Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

Debtor

R and E Health Care, LLC
Name

Case number (if known)

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0

34. Is the debtor a member of an agricultural cooperative?

☒ No

☐ Yes. Is any of the debtor's property stored at the cooperative?

☐ No

☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

☒ No

☐ Yes. Book value \$ Valuation method Current value \$

36. Is a depreciation schedule available for any of the property listed in Part 6?

☒ No

☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

☒ No

☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.

☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture 3 Desk	\$		\$
40. Office fixtures	\$		\$
41. Office equipment, including all computer equipment and communication systems equipment and software 4 Computers	\$ 3800	Ebay/Amazon	\$ 3800
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 None	\$		\$
42.2	\$		\$
42.3	\$		\$

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 3800

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor R and E Health Care, LLC
Name

Case number (if known) _____

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 <u>None</u>	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 <u>None</u>	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 <u>None</u>	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
<u>3 Copiers</u>	\$ <u>1800</u>	<u>Ebay/Amazon</u>	\$ <u>1800</u>
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			<div style="border: 1px solid black; padding: 2px;">\$ <u>1800</u></div>

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☐ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Debtor

R and E Health Care, LLC
Name

Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 1315 Milsted Rd NE, Conyers, GA, 30012	Own building	\$ 650,000	Appraisal	\$ 650,000
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 650,000

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No
- ☒ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$		\$
61. Internet domain names and websites	\$		\$
62. Licenses, franchises, and royalties	\$		\$
63. Customer lists, mailing lists, or other compilations	\$		\$
64. Other intangibles, or intellectual property	\$		\$
65. Goodwill	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0

Debtor

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☒ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount - _____ doubtful or uncollectible amount = → \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

R and E Health Care, LLC
Name

Case number (if known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ -199,813	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 0	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 3600.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 3800	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 1,800	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 650.000
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 459,387	+ 91b. \$ 0
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 459,387.00

Fill in this information to identify the case:

Debtor name R and E Health Care, LLC
United States Bankruptcy Court for the: Northern District of GA
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name <u>Access to Capital</u>	Describe debtor's property that is subject to a lien <u>1315 Milsted Rd NE, Conyers, GA, 30012</u>	\$ <u>495,000</u>	\$ <u>835,000</u>
	Creditor's mailing address <u>10 College Street NW, Room 4</u> <u>Nocross, GA, 30071</u>			
	Creditor's email address, if known <u>Info@aceloans.org</u>	Describe the lien <u>Lein Against Property for Loan to Purchase</u>		
	Date debt was incurred <u>495,000</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____ _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

2.2	Creditor's name _____	Describe debtor's property that is subject to a lien _____	\$ _____	\$ _____
	Creditor's mailing address _____ _____			
	Creditor's email address, if known _____	Describe the lien _____		
	Date debt was incurred _____	Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).		
	Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ _____

Debtor

Name

Case number (if known)

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2. Creditor's name Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe the lien

Is the creditor an insider or related party?

☐ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

2. Creditor's name Describe debtor's property that is subject to a lien

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☐ No

☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.

☐ Yes. The relative priority of creditors is specified on lines

Describe the lien

Is the creditor an insider or related party?

☐ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Case number (if known)

Line 2. ____

Fill in this information to identify the case:

Debtor R and E Health Care
United States Bankruptcy Court for the: North District of GA
(State)
Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2.2 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____
2.3 Priority creditor's name and mailing address _____ _____ _____ Date or dates debt was incurred _____ Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	As of the petition filing date, the claim is: \$ _____ Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ _____

Debtor

Name

Case number (if known)

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

\$

\$

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

Debtor

Name

Case number (if known)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Lender Finance, LLC 4385 Kimball Bridge Road Suite 100 Alpharetta, GA, 30022 Date or dates debt was incurred 08/01/2024-12/01/2024 Last 4 digits of account number 03541	As of the petition filing date, the claim is: \$ 199,813.00 Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.2	Nonpriority creditor's name and mailing address Tekkie Geek 4218 Amboy Road Staten Island, NY 10308 Date or dates debt was incurred 01/01/2024-07-24-2024 Last 4 digits of account number 6767	As of the petition filing date, the claim is: \$ Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cyber Security Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.3	Nonpriority creditor's name and mailing address Office Ally P.O. 850092 Minneapolis, MN, 55485 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$ 1,198.50 Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Electronic Records Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.4	Nonpriority creditor's name and mailing address Shell Master Card P.O. Box 6293 Carol Stream, IL, 60197 Date or dates debt was incurred Last 4 digits of account number	As of the petition filing date, the claim is: \$ 11,605.47 Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.5	Nonpriority creditor's name and mailing address Matrix Care 1550 American Blvd East Bloomington, MN, 55425 Date or dates debt was incurred 01/01/2024-07-24-2024 Last 4 digits of account number HC52037	As of the petition filing date, the claim is: \$ 1,545.00 Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Signal Signs 440 Six Flags Pkwy Mableton, GA, 30126 Date or dates debt was incurred 01/01/2024-07-24-2024 Last 4 digits of account number 13453	As of the petition filing date, the claim is: \$ 3,945.00 Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Sinage Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Name

Case number (if known)

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address QT Master Card Webex Bank P.O. Box 4337 Carol Stream, IL, 60197	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 5610.73
		Basis for the claim: Credit Card	
	Date or dates debt was incurred 10-01-2024 to 05-2024 Last 4 digits of account number 689-4	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address OPTUM VACCN P.O. Box 202117 Florence, SC	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 168,000.00
		Basis for the claim: Rejected Claims	
	Date or dates debt was incurred 01/2022-12/31/203 Last 4 digits of account number 7423	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Truist Credit Card P.O. Box 200 Wilson, NC, 27894	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 13,057.00
		Basis for the claim:	
	Date or dates debt was incurred 01/01/2023-07-24-2024 Last 4 digits of account number 1000	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Amazon Credit Card P.O. Box 60189 City of Industry, CA, 91716	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 9201.07
		Basis for the claim: Credit Card	
	Date or dates debt was incurred 01/01/2023-07-24-2024 Last 4 digits of account number 1009	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address Amex Credit Card P.O. Box 60189 City of Industry, CA, 91716	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$
		Basis for the claim: Credit Card	
	Date or dates debt was incurred 01/01/2023-07-24-2024 Last 4 digits of account number 1004	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor

R and E Health Care, LLC
Name

Case number (if known)

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. B J's Credit Card P.O. Box 60189 City of Industry, CA, 91716	Line _____ <input type="checkbox"/> Not listed. Explain _____ Additional Lines Needed _____	3459
4.2. Capital One Business Credit Card P.O. Box 60189 City of Industry, CA, 91716	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Additional Lines Needed _____	1032
4.3. Bank Of America Credit Card P.O. Box 15710 Wilmington, DE, 19850	Line _____ <input checked="" type="checkbox"/> Not listed. Explain _____ Additional Lines Needed _____	6106
4.4. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.1. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.5. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.6. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.7. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.8. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.9. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.10. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____
4.11. _____ _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____ _____ _____	____

Debtor

R and E Health Care, LLC

Name

Case number (if known)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 0.00

5b. Total claims from Part 2

5b.

+

\$

5c. Total of Parts 1 and 2

5c.

\$ 866,571.27

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name R and E Health Care, LLC
United States Bankruptcy Court for the: Northern District of GA
(State)
Case number (If known): _____ Chapter _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.2	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

R and E Health Care, LLC

Debtor

Name

Case number (if known)

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2._

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name R and E Health Care, LLC

United States Bankruptcy Court for the: Northern District of GA
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.1	<u>Ella Stephenson</u>	<u>7002 Annie Walk, Lithonia Georgia, 30038</u> Street City State ZIP Code	<u>All Isited</u>	<input checked="" type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input checked="" type="checkbox"/> G
2.2	_____	_____ Street City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	_____ Street City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	_____ Street City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____	_____ Street City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____	_____ Street City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name R and E Health Care, LLC
United States Bankruptcy Court for the: Northern District of GA
(State)
Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$ 650,000

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$ 0

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$ 650,000

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$ 420,000

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 0

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$ 866,571.27

Fill in this information to identify the case and this filing:

Debtor Name R and E Health Care, LLC

United States Bankruptcy Court for the: Northern District of GA
(State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 07/24/2024
MM / DD / YYYY

x

Ella Stephenson, BSN, RN

Signature of individual signing on behalf of debtor

Ella Stephenson, BSN, RN

Printed name

Administrator, Director of Nursing

Position or relationship to debtor

Case Number: 24-57861

Name: R and E Health Chapter: 11

Division: Atlanta

Please submit the following original documents to the Court for filing so that the case will proceed timely. **Failure to comply may result in the dismissal of your case.**

If filing bankruptcy without an attorney, please read the information regarding *Filing Bankruptcy without an Attorney* at: www.uscourts.gov/services-forms/bankruptcy/filing-without-attorney.

☐ Individual - Series 100 Forms

☒ Non-Individual - Series 200 Forms

Official and Local Bankruptcy Forms are available on the Court's website at: www.ganb.uscourts.gov.

MISSING DOCUMENTS DUE WITHIN 7 DAYS

- ☒ Complete List of Creditors (names and addresses of all creditors)
☐ Pro Se Affidavit (signature must be **notarized**, or witnessed by a Court Intake Clerk, accompanied by a picture I.D.)
☐ Signed Statement of SSN

Petition Deficiencies:

- ☐ Last 4 digits of SSN
☐ Address
☐ Statistical Estimates
☐ Other:

MISSING DOCUMENTS DUE WITHIN 14 DAYS

- ☒ Statement of Financial Affairs
☐ Schedules: A/B D E/ F G H
☐ Summary of Assets and Liabilities
☐ Declaration About Debtor(s) Schedules
☐ Attorney Disclosure of Compensation
☐ Petition Preparer's Notice, Declaration and Signature (*Form 119*)
☐ Disclosure of Compensation of Petition Preparer (*Form 2800*)
☐ Chapter 13 Current Monthly Income
☐ Chapter 7 Current Monthly Income
☐ Chapter 11 Current Monthly Income
☐ Certificate of Credit Counseling (*Individuals only*)
☐ Pay Advices (*Individuals only*) (2 Months)
☐ Chapter 13 Plan, complete with signatures (*local form*)
☒ Corporate Resolution (*Non-Individual Ch. 7 & 11*)

MISSING DOCUMENTS DUE WITHIN 30 DAYS

- ☐ Statement of Intent - Ch.7 (*Individuals only*)

Chapter 11

- ☐ 20 Largest Unsecured Creditors
☒ List of Equity Security Holders
☒ Small Business - Balance Sheet
☒ Small Business - Statement of Operations
☒ Small Business - Cash Flow Statement
☒ Small Business - Federal Tax Returns

Case filed via:

- ☒ Intake Counter by:
☐ Attorney
☐ Debtor
☒ Other: Ella Michelle Stephenson 813-263-3565
☐ Mailed by:
☐ Attorney
☐ Debtor
☐ Other:

☐ Email [Pursuant to Amended and Restated General Order 45-2021, this petition was received for filing via email]

History of Case Association

Prior cases within 3 years:

Signature: Ella Stephenson
 Acknowledgment of receipt of Deficiency Notice

Intake Clerk: rsmith ID Verified ☒ Date: 7/31/24

FILING FEE INFORMATION

Online Payment for Filing Fee <https://www.ganb.uscourts.gov/online-payments> (not for chapter 13 plan payments)

- ☐ Paid \$ _____
☐ Pending Pay.Gov, Paid \$ _____
☐ IFP filed (Ch.7 Individuals Only)
☐ 2g-Order Granting ☐ 3g-Order Granting 10-day (initial payment of \$ _____ due within 10 days)
☐ 2d-Order Denying with filing fee of \$ _____ due within 10 days
☐ No Application to Pay in Installments, Order Regarding Unpaid Case Filing Fee.

You may mail documents and filing fee payments (no personal checks or cash accepted) to the address below.
All fee payments and documents filed with the Court must show the debtor's name and bankruptcy case number.

UNITED STATES BANKRUPTCY COURT
 75 Ted Turner Drive, SW, Room 1340
 Atlanta, Georgia 30303
 404-215-1000

fee \$ 1,738.00